U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



3. Name and address of person filing.

WERNER

ZIP Code + 4

BUSINESS

EAST MAIN ST

SHANE

P.O. Box, Bldg., Room No., if any

ENTURA

5. Position in labor organization.

1. File Number U -

Name

Street

City

State

Form LM-30 (2003)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Y BEFORE PREPARING THIS REPORT.
Y BEFORE PREPARING THIS REPORT.
2. Fiscal Year Covered From:
1 / 1 / 04 Through: 12 / 31 / 04
4. Name, file number, and address of labor organization.
Name I.S.E.W. LOCAL 952
Labor Organization File Number
P.O. Box, Building and Room Number, if any
Street 3994 EAST MAIN ST
City VENTURA
State CA ZIP Code + 4 73003

(S DO)

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

93003

A. Held an interest in, engaged in transactions (including loans) with, o monetary value from an employer whose employees your organization.	r derived income or other economic benefit of (tion represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street]			
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Share Werrer	On 8-8-05 805-642-2149			

Date

Telephone Number

Name of Person Filing SHANE M. WERNER	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Putnam Investments Trade Name, if any: P.O. Box, Bldg., Room No., if any Street One Post office Savare City Boston State Massachusetts ZIP Code + 4 02109	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name IBEN Legal 952 milentics Division 18 Chapter	11.a. Nature of such dealing.	rive took me to		
Name IBEN LOCAL 952 - Ventura Division (A Chapter 401- K Pension PLAN) Trade Name, if any:	(75.00)	MEACTH SAVINGS Accounts		
P.O. Box, Bldg., Room No., if any Street 3994 EAST MANN ST.	12-9-04 - Potnom representativ Discussed possible New (65.34)	e took me to dinner		
	11.b. Approximate dollar value of such dealing.	140.34		
City VEUTURA CA	12.a. Nature of interest held or income received	1.		
State California ZIP Code + 4 93003				
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name		co		
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any		200		
Street		de Communicación de Compositor		
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	Ø		